

CITY OF SAN DIEGO TRANSPORTATION DEPARTMENT

APPLICATION FOR HUMAN-POWERED VEHICLE PERMITS

NAME:		
FIRST NAME	MIDDLE NAME	LAST NAME
☐ Home ☐ Business		
ADDRESS:		APT/UNIT/SUITE #
SINEEL	CA	AI HOMINOSITE II
CITY		ZIP
☐ Home ☐ Business		
TELEPHONE NUMBER: ()	
AREA	A CODE NUMBER	
BUSINESS NAME:		
# OF PERMITS REQUESTED:		
VEHICLE SERIAL NUMBER(S		
INSURANCE CARRIER:		NUMBER:
Do you have independent contractors		оПу Пы
if Yes, does your insurance p	oolicy cover independent contractors	?∟Yes ∟No
I understand that any and all hu	uman-powered vehicles owned by m	e and for the purposes of
transporting passengers for hire, where		
operation carry liability insurance in a		
occurrence for bodily injuries and pers		
pedicab, including, but not limited to,	pedicabs operated by the officers, er	mployees, agents, or lessees
of the pedicab owner.		
	vill be equipped with a battery-opera	
projecting a beam of white light for a c	distance of 300 feet, a pair of battery	-operated taillights, and a pair
of side-mounted rear-view mirrors.	ued to signify compliance with these	requirements must be
displayed at all times of operation.	led to signify compliance with these	requirements must be
I understand that any and all pe	ermits issued to me under this applic	ation are non-transferable.
I understand that failure to com		
misdemeanor violation of the San Die		
By signing below, I verify under penal complied with all requirements.	ty of perjury that all the above inform	nation is true, and that I have
complied with all requirements.		
APPLICANT'S SIGNATURE		DATE
	(CITY USE ONLY)	
	,	
# OF PERMITS ISSUED:	AMOUNT PAID: \$	
PERMIT NUMBER(S):	VALID TO: / /	
ISSUED BY:	DATE:	
		
· · · · · · · · · · · · · · · · ·	011-014 #	
☐ CASH - RECEIPT #:	CHECK #:	